

# HOUSE BLESSING APPLICATION FORM

Name of Applicant:  
(as in IC) \_\_\_\_\_

IC SIGHTED	
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Address: \_\_\_\_\_  
\_\_\_\_\_

BOTH SPOUSES ARE PRACTISING CATHOLICS	YES / NO
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Marriage Certificate attached

<b><u>OCCUPANTS IN THE HOUSE</u></b>				
<i>i.</i>	<b><u>Name</u></b>	<b><u>Relationship to Applicant</u></b>		
		<b><u>CATHOLIC</u></b>	<b><u>OTHERS</u></b>	
<i>ii.</i>	_____	_____	_____	_____
<i>iii.</i>	_____	_____	_____	_____
<i>iv.</i>	_____	_____	_____	_____
<i>v.</i>	_____	_____	_____	_____
<i>vi.</i>	_____	_____	_____	_____
<i>vii.</i>	_____	_____	_____	_____
<i>viii.</i>	_____	_____	_____	_____

Signature of Applicant  
\_\_\_\_\_

Religion of Applicant  
\_\_\_\_\_

Date: \_\_\_\_\_

Contact No.: \_\_\_\_\_

<b><u>For Office Use Only</u></b>	
Date of Blessings:	_____
Blessed by Fr.	_____